

**FORM #1**Submit prior to  
start of course**COGH Tuition Reimbursement Course****Approval Form**

<b>Employee</b>	Name _____
	Department _____
	College or University _____ Expected graduation date _____
	Date course begins _____ Date course ends _____
	Course number _____ Credit hours _____ Cost per credit _____
	Course name _____
	Total tuition costs _____ Total financial aid received _____
How course will be beneficial _____ _____	
Attach the following: <input type="checkbox"/> Verification of tuition costs <input type="checkbox"/> Verification of financial aid <input type="checkbox"/> Official course description	
If reimbursement is allowed, the employee shall remain in COGH employment for at least two (2) years after completion of the course. If the employee leaves COGH employment before such time, the employee shall repay to a proportionate share of the reimbursed expense. The repayment shall be deducted from any payouts, and the remaining balance shall be paid by the employee.	
Signature _____	Date _____

<b>Department Head</b>	Date received _____ Department head's recommendation _____ Yes No
	Any additional information on how this course would be beneficial _____ _____
	Department head's signature _____ Date _____
	Department heads: Please send completed form to Human Resources.

<b>Human Resources</b>	Human Resources Approval _____ Yes No
	Approved amount \$ _____ Not to exceed annual maximum reimbursement total of \$5,250.
	Signature _____ Date _____